Health Priority: Tobacco Use and Exposure
Objective 3: Secondhand Smoke

Long-term (2010) Subcommittee Outcome Objective: By 2010, decrease the proportion of non-smokers exposed to secondhand smoke.

Inputs	Outputs		Outcomes		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
• Funding (both public and private) and in-kind services • Coalitions • Public Policy • Training and Technical Assistance • Materials and Resources • Media	• Training and Technical Assistance • State and Local Policy and Legislative Support • Comprehensive Programs • Materials and Resources • Media and Counter-marketing • Local Coalitions • Monitoring and Evaluation	• Local Coalition Members • Youth Leaders • General Public • Health Care Providers • Business Leaders • Policymakers	By 2004, decrease the proportion of non-smokers exposed to secondhand smoke by 5%.	By 2008, decrease the proportion of non-smokers exposed to secondhand smoke by 15%.	By 2010, decrease the proportion of non-smokers exposed to secondhand smoke by 20%.

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By 2010, decrease the proportion of non-smokers exposed to secondhand smoke.

Wisconsin Baseline	Wisconsin Sources and Year
28% of adults reported that they or someone else smoked tobacco in their home in the past 30 days.	*Wisconsin Behavioral Risk Factor Survey* (BRFS) 2000
35% of the households that allowed smoking have children living in the home.	*Wisconsin Behavioral Risk Factor Survey* (BRFS) 2000
Wisconsin Restaurant Ordinances = 10 <u>Percent of Worksites that prohibit smoking by type</u> Manufacturing/Assembly 49% County Government 49%* Municipal Government 26%** <u>Percent of Worksites with a smoking policy by type</u> Manufacturing/Assembly 61%* County Government 100%** Municipal Government 62%**	Tobacco Facts. Department of Health and Family Services, Division of Public Health, Tobacco Control Program, 2002. (6) * Aakko, E. et al (2001). Wisconsin Medical Journal. (8) ** Aakko, E. et al (1999). Wisconsin Medical Journal. (9)

Federal/National Baseline	Federal/National Sources and Year
53,000 deaths – estimated deaths from environmental tobacco smoke.	EPA Report (1)
27% of children aged 6 years and under lived in a household where someone smoked inside the house at least 4 days per week in 1994. Target: 10 %,	*Healthy People 2010.* USDHHS. November 2000. (10).
65% of nonsmokers aged 4 years and older had a serum nicotine level above 0.10 ng/mL in 1988-94 (age adjusted to the year 2000 standard population). Target 45 percent.	*Healthy People 2010.* USDHHS. November 2000. (10).
37% of middle, junior high, and senior high schools were smoke-free and tobacco-free in 1994. Target: 100 %.	*Healthy People 2010.* USDHHS. November 2000. (10).

Federal/National Baseline	Federal/National Sources and Year
79% percent of work sites with 50 or more employees had formal smoking policies that prohibited or limited smoking to separately ventilated areas in 1998-99. Target: 100 %.	*Healthy People 2010.* USDHHS. November 2000. (10).
See Appendix A for baseline and target data for jurisdictions with laws on smoke-free air	*Healthy People 2010.* USDHHS. November 2000. (10).

Related USDHHS Healthy People 2010 Objectives			
Chapter	**Goal**	**Objective Number**	**Objective Statement**
27 – Tobacco Use	Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke	27-9	Reduce the proportion of children who are regularly exposed to tobacco smoke at home.
		27-10	Reduce the proportion of nonsmokers exposed to environmental tobacco smoke.
		27-11	Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.
		27-12	Increase the proportion of work sites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.
		27-13	Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public places or work sites.

Definitions	
Term	**Definition**
Environmental Tobacco Smoke/Secondhand Smoke/Passive Smoke or Involuntary Smoke	Comprised primarily of "side-stream smoke," which occurs when a cigarette is smoldering between puffs and secondarily of "mainstream smoke," which occurs when a smoker exhales or when smoke is released from the mouthpiece while a smoker is taking a puff from a cigarette.
Carcinogen	A cancer causing substance.

Rationale:

Secondhand smoke is estimated to cause as many as 1,200 additional lung cancer and heart disease deaths annually in Wisconsin. (1)

Secondhand smoke is directly correlated to SIDS, asthma, middle ear infections, and other chronic respiratory illness among infants and children. Exposure can also exacerbate symptoms in children with established asthma. (2)

Side-stream smoke has higher concentrations of toxic and cancer causing substances than main-stream smoke. Based on weight of evidence that environmental tobacco smoke causes lung cancer is classified as a Group A (human) carcinogen. (1)

Approximately 16% of pregnant women in Wisconsin smoke. The developing fetus is a "voiceless victim" of secondhand smoke. Children are also victims of secondhand smoke. (2)

Much of the death and premature illness caused by tobacco could be prevented with easy-to-implement safeguards such as prohibiting smoking in public places and with the elimination of smoking in homes.

Over 1200 Wisconsin workplaces, 40 % of the facilities that are considered "blue collar" allow employees to be exposed to secondhand smoke. This is compared to 13% of predominantly white collar workplaces (3)

Outcomes:

Short-term Outcome Objective (2002-2004)

- By 2004, decrease the proportion of non-smokers exposed to secondhand smoke by 5%.
- Increase smoke-free and tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.
- Increase the proportion of work sites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas.

Medium-term Outcome Objective (2005-2007)

- By 2008, decrease the proportion of non-smokers exposed to secondhand smoke by 15%.
  - Reduce the proportion of children who are regularly exposed to tobacco smoke at home. [Note: Children live in approximately one-third of households that allowed smoking inside the home. (6)]

Long-term Outcome Objective (2008-2010)

- By 2010, decrease the proportion of non-smokers exposed to secondhand smoke by 20%.
- Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public places.
  [Note: The health of nonsmokers is protected by the enforcement of public and private policies that reduce or eliminate exposure to environmental tobacco smoke (ETS). Studies show that enforcement of work-site smoking bans protects nonsmokers and decreases the number of cigarettes that employees smoke during the day. (1)]

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

Note: All inputs apply to all activities and groups we are trying to reach, thus applying to short, medium, and long-term outcomes.

Funding: Funding (both public and private) and in-kind services (such as buildings, staff, training, materials) in support of effective tobacco prevention and control.
Coalitions: Engaging the developing existing and emerging tobacco prevention and control coalitions in every county of the state. Coalitions should have participation for key community systems and organizations including but not limited to health care providers/systems, families, youth, public health organizations, local health departments,

tribal agencies, faith community, schools, law enforcement, youth-serving organizations, community-based organizations, work sites, businesses, local policy leaders, and others. The coalitions will plan, implement, and evaluate local policy and program initiatives.
Public Policy: Laws, regulations, and policies that support youth prevention, cessation, and the elimination of exposure to secondhand smoke
Training and Technical Assistance: Training and technical assistance infrastructure to provide support for state, regional, and local partners, and assure the use of best practices and effective processes in planning, implementing, and evaluating tobacco prevention and control initiatives.
Materials and Resources: Research-based and proven materials for use by state, regional, tribal and local partners in the planning, implementation, and evaluation of effective tobacco prevention and control initiatives.
Media: An aggressive media and counter-marketing campaign to raise awareness and prompt action in support of state and local tobacco prevention and control initiatives.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach- community residents, agencies, organizations, elected officials, policy leaders, etc.)*

Activities:
Training and Technical Assistance: Statewide and regional partners will provide an array of support for the implementation of best practices, including expertise in community development; coalition development; program planning and evaluation; effective policy change; and, cessation support.
State and Local Policy and Legislative Support: State, regional, and local partners will support policy and legislation that fosters tobacco prevention and control programs and activities.
Comprehensive Programs: State, regional, and local partners will implement comprehensive program consistent with the Centers for Disease Prevention and Control guidelines.
Materials and Resources: All partners should have access to materials and resources that reflect the most effective programs and policies.
Media and Counter-Marketing: An aggressive media and counter-marketing efforts should support local action to prevent and reduce tobacco use.
Local Coalitions: Local coalitions should be adequately funded and supported in order to lead local efforts to prevent and reduce tobacco use.
Monitoring and Evaluation: All programs and activities should be held to the highest standards of program outcome. In addition, tobacco use trends should be monitored regularly to demonstrate progress toward overall objectives.

Participants/Reach:
Local Coalition Members: Members of local coalitions should lead the statewide effort and must be supported by and engaged in inputs and outputs.
Youth Leaders: Youth are valuable leaders for both youth and adult-targeted activities. Youth must be engaged in program planning and implementation of tobacco prevention and control activities.
General Public: The majority of people do not smoke and must be engaged in comprehensive efforts to prevent and reduce tobacco use.

Health Care Providers: Doctors, nurses, physician assistants, and all health care providers must be engaged in implementing the Clinical Guidelines for cessation programs, in addition to taking part in larger comprehensive efforts.
Business Leaders: Business leaders bear health care, lost productivity, and costs associated with tobacco. They can be valuable leaders in state and local tobacco prevention and control efforts.
Policymakers: Appointed and elected officials both at the state and local levels must be engaged in facilitating state and local policy change and the implementation of comprehensive efforts.

Evaluation and Measurement:

Indicators:
- The number of Wisconsin communities that have smoke-free restaurant ordinances.
- Percentage of households reported as smoke-free.

Benchmarks:
- 10 communities have smoke-free restaurant ordinances.
- Adults reported that they or others smoked tobacco in the home in the past 30 days.
- 28% of households are reported as smoke-free.
- 46% of middle school youth report secondhand smoke exposure in their home.
- 43% of high school youth report secondhand smoke in their home.
- 35% of households that report smoking in the home have children in the home.
- 16% of pregnant women smoke.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Environmental and Occupational Health Hazards: Environmental (side-stream) tobacco smoke is a workplace hazard, especially for high risk groups such as pregnant women and employees with existing health conditions such as asthma and heart disease.

Intentional and Unintentional Injuries and Violence: Tobacco is a leading contributor to house fires, which causes burns and death.

Social and Economic Factors that Influence Health: Selected adult populations have higher than average smoking rates. These populations include: persons with lower educational attainment and blue- collar workers.

Equitable, Adequate, and Stable Financing: Funding at the local level identified in the Centers for Disease Control *Best Practices for Comprehensive Tobacco Control Programs,* August 1999, will provide for meaningful reductions in tobacco use and health care costs in our state.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Monitor health status to identify community health problems: Exposure to environmental tobacco leads to significant illness and premature death in Wisconsin. Monitoring local tobacco use rates provides an indicator of future health problems. Ongoing surveillance will lead to identification of best practice programs within our state.

Identify, investigate, control, and prevent health problems and environmental health hazards in the community: Tobacco is the leading cause of premature death in our state. Smoking cessation programs improve the health status of the smoker and others who are exposed to environmental tobacco smoke.

Educate the public about current and emerging health issues: Tobacco education is the most cost-effective method in reducing tobacco use and exposure. Community support of tobacco control programs is achieved through community education.

Promote community partnerships to identify and solve health problems: Local coalitions which include members reflective of the community at-risk as well as schools, healthcare, voluntary organizations, elected officials, and traditional public health partners will be most successful.

Enforce laws and regulations that protect health and insure safety: The health of the nonsmoker is protected by the enforcement of public and private policies that reduce or eliminate exposure to environmental tobacco smoke. Enforcement of local and State laws ensure such environments.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote health for all: By decreasing the number of non-smokers exposed to secondhand smoke we will prevent the negative health consequences caused by tobacco. Evidence continues to document the health hazards of environmental tobacco smoke to non-smokers. Efforts to protect people in public spaces and occupational settings from environmental tobacco smoke exposure is of national significance.

Eliminate health disparities: The primary disparities are related to socioeconomic status, but specific ethic communities have higher rates of tobacco use and exposure and as a result more tobacco related death and disease. By initiating prevention programs that emphasize social norm change and focus on disproportionately impacted populations, long-term health improvements will be realized in specific populations.

Transform Wisconsin's public health system: We must all share in promoting effective public health systems. By implementing a comprehensive anti-tobacco effort, effective assessment, assurance, and policy development activities will be supported at a state, regional, and local level. The implementation and use of risk factor surveillance surveys coupled with the uniform use of effective evaluation paradigms like logic models, will provide effective surveillance and evaluation processes. Finally, the regular review of data allows for ongoing policy and program improvement that will assure public health systems address the burden of tobacco in Wisconsin.

Key Interventions and/or Strategies Planned:

Establish a comprehensive approach to reducing exposure to secondhand smoke, as outlined in CDC Best Practice Guidelines including:

- Promote and support smoke-free environments at all locations accessible by the public.
- Promote and support the economic and health benefits of smoke-free work places.
- Support community education programs that promote smoke free home environments.
- Implement community interventions that link tobacco control interventions with cardiovascular disease prevention.
- Develop counter-marketing to increase awareness of environmental tobacco smoke as a trigger for asthma.

References:

1. U.S. Environmental Protection Agency. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders.* Washington D.C. Office of Research and Development, Office of Health and Environmental Assessment, 1992.

2. Birth Certificates. Wisconsin Department of Health and Family Services. Division of Health Care Financing. *Bureau of Health Information*. 2000.

3. *Tobacco Trends in Wisconsin, Secondhand Smoke: Knowledge, Attitudes and Exposure, 2002*. A report of the University of Wisconsin Monitoring and Evaluation Program.

4. Brownson R.C., Erickson M.P., Davis R.M. et al. (1997). Environmental Tobacco Smoke: Health Effects and Policies to Reduce Exposure. *Annual Review Public Health.* 18:163-85.

5. Eriksen M.P., Gottlieb, N.H. (1998) A Review of the Impact of Smoking Control at the Workplace. *American Journal of Health Promotion*.13:83-104.

6. Tobacco Facts, Wisconsin Department of Health and Family Services, Division of Public Health, Tobacco Control Program, 2002

7. Aakko, E., Shafer, E., Gyarmathy, V.A., Naria, E., Remington, P. (2001). Smoking Policies in Manufacturing and Assembly Workplaces, Wisconsin, 1999. *Wisconsin Medical Journal.* Issue N.3, 2001.

8. Aakko, E., Remington, P., Dixon, J., Ford, E. (1999). "Assessing Smoke-Free Workplaces in Wisconsin Municipal and County Government Buildings, 1997. *Wisconsin Medical Journal*. January/February, 1999

9. *Healthy People 2010.* U.S. Department of Health and Human Services. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC:U.S. Government Printing Office, November 2000.

Appendix A

Healthy People 2010, November 2000, USDHHS, cites the following baseline and target data:

27-13. Establish laws on smoke-free indoor air that prohibit smoking or limit it to separately ventilated areas in public places and work sites.

Target and baseline:

Objective	Jurisdictions With Laws on Smoke-Free Air	1998 Baseline		2010 Target
			Number	
	States and the District of Columbia			
27-13a.	Private workplaces	1		51
27-13b.	Public workplaces	13		51
27-13c.	Restaurants	3		51
27-13d.	Public transportation	16		51
27-13e.	Day care centers	22		51
27-13f.	Retail stores	4		51
27-13g.	Tribes		Developmental	
27-13h.	Territories		Developmental	

Target setting method: Retain year 2000 target.